



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 46295		2. Exact name of the Corporation CARRIAGE HOUSE CUSTOM HOMES & INTERIORS, INC.					
3. Principal office address 713 Putnam Pike				City Smithfield	State RI	Zip 02828	
4. Business Phone No. 401-949-3101				5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island The sale of Lindal homes and products and the purchase, sale, construction, alteration and renovation of structures, buildings and dwellings.							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Mark S. Carter				Vice-President Name Patricia E. Carter			
Street Address 713 Putnam Pike				Street Address 713 Putnam Pike			
City Smithfield	State RI	Zip 02828		City Smithfield	State RI	Zip 02828	
Secretary Name Patricia E. Carter				Treasurer Name Mark S. Carter			
Street Address 713 Putnam Pike				Street Address 713 Putnam Pike			
City Smithfield	State RI	Zip 02828		City Smithfield	State RI	Zip 02828	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name Mark S. Carter				Director Name None			
Street Address 713 Putnam Pike				Street Address			
City Smithfield	State RI	Zip 02828		City	State	Zip	
Director Name None				Director Name None			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
				600	common	no par value	

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
 Check No _____
 By: _____

FILED

MAR 17 2016

BY KLS701

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative _____ Date **02/09/2016**
Mark S. Carter
 Print or Type Name of Authorized Representative